



THE NEW YORK CITY DEPARTMENT OF EDUCATION
Stuyvesant High School
345 Chambers Street, New York, NY 10282-1099
Telephone: (212) 312-4800 Facsimile: (212) 587-3874

ERIC CONTRERAS
Principal

Stuyvesant High School **Escalator Expectations & Safety Tips**

- **Hold on to handrail at all times**
- **Step on and step off when exiting an escalator**
- **Do not sit on steps or lean on railings**
- **Do not rest anything on the escalator, such as backpacks, books, etc.**
- **Do not over crowd the escalator – no more than two people per step**
- **Face forward while riding the escalator**
- **No horseplay, running, jumping, sliding, etc.**
- **When riding escalators keep loose items such as clothing and shoelaces clear of edges and sides of escalator steps**
- **Immediately move clear of the escalator exit area, don't stop to talk or look around since other passengers may be behind you**
- **Do not discard items on escalator, keep free of debris; including flyers, coins and other trash**
- **If escalator is not working use staircase**
- **There are red emergency stop buttons on both ends of escalator**

If you see something, say something.

**Report any/all escalator conditions to AP Moran in room 103 at ext. 1030 or 1031
and call 311**



**Department of
Education**
Chancellor Richard A. Carranza

September 25, 2018

Re: Escalator Use at M475

Dear Stuyvesant High School Staff and Families,

On Thursday, September 13, 2018 an incident occurred that impacted the safe operation of one of our school's escalators. In accordance with standard protocol, all escalators were taken out of service by the DOE Division of School Facilities. The NYC Department of Buildings (DOB), the City's regulatory agency for escalator safety, subsequently conducted an extensive inspection of all escalators in the building. After this extensive inspection, additional repairs and testing, the DOB has given authorization to restore twelve (12) escalators to service.

Based on this authorization from the DOB, the Department of Education will restore the twelve (12) approved devices for use by students and staff effective Tuesday, September 25, 2018. Escalators between floors 2 and 4 will remain out of service until further notice from the Division of School Facilities.

Thank you for your patience during this time. We will continue to keep you informed of any updates related to the utility of these devices at Stuyvesant High School.

Sincerely,
Eric Contreras
Principal, Stuyvesant HS

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☐

MOD ☐ Test ☒ IR ☐

Date

2/27/18

Team

De, N

Location Name

M477

Address

345 Chambers

Corrigo No.

1021570

Arrival

7:00am

Departure

4:30pm

Device No.

1E1329

Details

Inspection on units w/ DOB.

1E1328

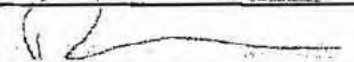
1E1330

Customer Signature



Next Level Service

Mechanic Signature



Customer Work Order No.

White-Office Pink-Customer Canary-Mechanic

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date

2/11

Team

A 100-100

Location Name

M477

Address

301 345 Chambers St

Corrigo No.

10773

Arrival

7:00am

Departure

4:30pm

Device No.

1P36537

Details

Inspection on unit M477 3.11.18

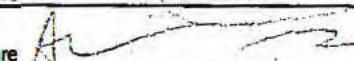
1.1.18 - 1.1.18

Customer Signature



Next Level Service

Mechanic Signature



Customer Work Order No.

White-Office Pink-Customer Canary-Mechanic

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 8/14/18 Team RUSS JOLY

Location Name STUYVESANT HS #477

Address 345 CHAMBERS ST

Corrigo No. _____

Arrival 0700

Departure 3:30

Device No.

Details

1E1322

PERFORMED CATEGORY I INSPECTION
SAFETY CHECK WITH D.O.B. INSPECTION

Customer Signature



Next Level Service

Mechanic Signature



Customer Work Order No. _____

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 8/15/18 Team JOLY

Location Name STUYVESANT HS #477

Address 345 CHAMBERS ST

Corrigo No. 1027569

Arrival 1:30 Departure 4:30

Device No.

Details

1E1324

2 CAT OVER INSPECTION

Customer Signature



Next Level Service

Mechanic Signature



Customer Work Order No. _____

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☒ Repair ☐ Maintenance ☐
MOD ☐ Test ☐ IR ☐

Date 9/13/18 Team Dean
Location Name Stumpscott HS.
Address 301 Chambers
Arrival 5 Departure 7

Corrigo No. 1027492

Device No.

Details

IF 1328

Investigate accident
took photos

Canary-Mechanic
Pink-Customer
White-Office

Customer Signature

Next Level Service

Mechanic Signature

Customer Work Order No.

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☐
MOD ☐ Test ☒ IR ☐

Date 9-14-18 Team James & James D
Location Name M477
Address 345 N HAM AVE
Arrival 7 Departure 2:35

Corrigo No. 1027505

Device No.

IF 1320

Details

2 CAT ONE INSPECTIONS

IF 1327

BOTH UNITS CEASE USE

Canary-Mechanic
Pink-Customer
White-Office

Customer Signature

Next Level Service

Mechanic Signature

Customer Work Order No.

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☒ Maintenance ☐
MOD ☐ Test ☐ IR ☐

Date 9/11/18

Team

Location Name STUYVESANT HS M477

Address

Corrigo No. 1027265

Arrival

Departure

Device No.

Details

1F3652

WAITED 2 HOURS FOR CUSTODIANS TO GET ACCESS

Customer Signature

Next Level Service

Mechanic Signature

[Signature]

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☒ Maintenance ☐
MOD ☐ Test ☐ IR ☐

Date 9-7-18

Team

Location Name M477

Address

301 Chambers St

Corrigo No. 1027085

Arrival

6:30 am

Departure

6:30 am

Device No.

Details

Bridge Elevator

East

Installed both bottom floor shutdown doors
Made minor adjustments to doors and frames.
Installed 10 new rollers on shut doors and 12 on
car door. Replaced loose ice guard. Checked all
saddles and lubricated pivot points. Adjusted
doors. Ran + mac line R.T.S.

Customer Signature

[Signature]

Next Level Service

Mechanic Signature

[Signature]

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☒ Repair ☐ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 9-7-18

Team Sam R

Location Name

M477

Address

701 Chambers

Corrigo No. 1027108

Arrival

Departure

Device No.

1E1325

Details

Escalator shutdown with open safety Reset
controller Monitor on RTS

Customer Signature

Next Level Service

Mechanic Signature

AK

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☒ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 9-6-18

Team Craig & Kevin

Location Name

M477

Address

301 Chambers St

Corrigo No.

1027085

Arrival

7am

Departure

3pm

Device No.

1P37189

Details

Finished repairing bottom landing
floor expansion and saddle. Soft
car up to stall bottom hall
doors.

L.S.D.

Customer Signature

Next Level Service

Mechanic Signature

CR

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☒ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 7-5-18 Team Ray + Kevin

Location Name M477

Address 301 Chambers St

Corrigo No. 1026961

Arrival 7am Departure 12pm

Device No. 1P37189 Details

Finished installing a new top floor
hall saddle. Rebalanced unit. Located and
repaired sensitive safety switch. Installed
new door rollers on top floor doors. Adjusted
top floor locks and rollers. Cleaned out all
saddles. Adjusted bottom doors. Run + monitored.

Customer Signature

Mechanic Signature G. Amy

Next Level Service

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☒ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 7-11-18 Team Ray + Kevin

Location Name M477

Address 301 Chambers St

Corrigo No. 1021367

Arrival 7:30am Departure 3:30pm

Device No. 1P37189 Details

Removed old top floor saddle.
Started installing a new
saddle.
L.S.D.

Customer Signature

Mechanic Signature G. Amy

Next Level Service

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☒ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 8-29-18 Team Pro + Kevin

Location Name M477

Address 301 Chambers St

Corrigo No. 1025885

Arrival 8:50am Departure 3:30pm

Device No. IP37188 Details

Removed old saddle from bottom floor. Installed new saddle. Small doors for new saddle. L.S.D.

Customer Signature

Next Level Service

Mechanic Signature E. Ag

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☒ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 8-28-18 Team Pro + Kevin

Location Name M477

Address 301 Chambers St

Corrigo No. 1025511

Arrival 7am Departure 3:30pm

Device No. IP37188 Details

Removed old saddle on floor. Installed a new saddle. Installed new door gibs on door. Made new saddle. L.S.D.

Customer Signature

Next Level Service

Mechanic Signature E. Ag

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☒ Repair ☐ Maintenance ☐
MOD ☐ Test ☐ IR ☐

Date 8-29-18 Team Jim B / Ryan B

Location Name Rm 477

Address 245 Chambers St

Corrigo No. 1029596

Arrival 8:00 AM Departure 1:30

Device No.

Details

1E1520

Overhaul safety / Adjust floor plate switch

also check change out kitchen freight car

in 2

Customer Signature

[Signature]

Next Level Service

Mechanic Signature

James Dunn

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☒ Maintenance ☐
MOD ☐ Test ☐ IR ☐

Date 8-27-18 Team Paul + team

Location Name M477

Address 301 Chambers St

Corrigo No. 1025721

Arrival 7:30 am Departure 3:30 pm

Device No.

Details

1P37188

Trickle shot inspection circuit, shot

repair on doors.

I.S.D.

Customer Signature

[Signature]

Next Level Service

Mechanic Signature

P. Ay

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☒ Repair ☐ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date

8-24-15

Team

Mendenhall

Location Name

11477

Address

845 Carnegie St

Arrival

11:30 AM

Departure

1:35 PM

Corrigo No.

1025655

Device No.

1071681

Details

1. Car is coming into top floor.

- Added battery to car

- Replaced emergency call button

- Replaced emergency call button (new) 11:45 AM

Car is working

RTS

Customer Signature

Mechanic Signature

Next Level Service

Customer Work Order No.

White-Office Pink-Customer Canary-Mechanic

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☒

MOD ☐ Test ☐ IR ☐

Date

8-24-15

Team

Mendenhall

Location Name

11477

Address

845 Carnegie St

Arrival

1:30 PM

Departure

7:00 PM

Corrigo No.

1024266

Device No.

1027188

Details

Car is down for repair. Re-wire

1027189

Car is down for repair. Re-wire

Customer Signature

Mechanic Signature

Next Level Service

Customer Work Order No.

White-Office Pink-Customer Canary-Mechanic

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☒

MOD ☐ Test ☐ IR ☐

Date 8-22-15 Team J. & K. 10-8

Location Name M477

Address 2100 Chambers

Corrigo No. 104255

Arrival 7:30 Departure 10:00

Device No. Details

1P36651 Replace car & station bulbs and work

1P36533 Replace car station bulbs and work

1W5351 test operation off lights (110V) manual

Customer Signature

Z. H.

Next Level Service

Mechanic Signature

James Dwyer

Customer Work Order No.

White-Office Pink-Customer Canary-Mechanic

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☒

MOD ☐ Test ☐ IR ☐

Date 8-22-15 Team J. & K. 10-8

Location Name M485

Address 301 Chambers St

Corrigo No. 102424

Arrival 10:00 Departure 2:30

Device No. Details

1P5652 Shut down 2 decks T & L broken and work

1P36536 to the M M Relay also and replace start & run

1P36551 check and replace bulbs and work

Customer Signature

Z. H.

Next Level Service

Mechanic Signature

James Dwyer

Customer Work Order No.

White-Office Pink-Customer Canary-Mechanic

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☒ Repair ☐ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 8/16/18 Team D. Gorell

Location Name M477

Address 301 Chambers St

Arrival _____ Departure _____

Corrigo No. 1025335

Device No. _____ Details _____

1836536 GAP in Hatch door in 1 reported. Replaced broken Hanger rollers

1836537 Adjust roller door Check operation. Return to service

_____ Noise on door reported. Replaced Hanger rollers. Check operation. Return to

183652 Personal sent to DOE to replace Transducer.

_____ Personal sent to DOE to replace Transducer.

_____ Personal sent to DOE to replace Transducer.

Customer Signature _____ Next Level Service

Mechanic Signature [Signature] Customer Work Order No. _____

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☒ Repair ☐ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 8/17/18 Team D. Gorell

Location Name M477

Address 301 Chambers St

Arrival 10:00am Departure 1:00pm

Corrigo No. 1025335

Device No. _____ Details _____

1836521 1. To and from floor but Transducer

2. To and from floor but Transducer

3. To and from floor but Transducer

4. To and from floor but Transducer

5. To and from floor but Transducer

6. To and from floor but Transducer

Customer Signature _____ Next Level Service

Mechanic Signature [Signature] Customer Work Order No. _____

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☐

MOD ☐ Test ☐ IR ☐

Date 4/9/18

Team D. M. Wells

Location Name M477

Address 301 Chambers

Corrigo No. _____

Arrival 1:30

Departure 3:30

Device No.

Details

1830536

Furnish & Install Hanger rollers on 7th Floor
Return to service

Customer Signature

Next Level Service

Mechanic Signature

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☒ Maintenance ☐

Date 8-7-18

Team Jim D / Ryan B

Location Name M477

Address 301 Chambers St

Corrigo No. 1024904

Arrival 9:00

Departure 2:30

Device No.

Details

1E1331

Replace both Hand Rail Drive chains
Right side support motor

Customer Signature

Next Level Service

Mechanic Signature

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☒

Date 4-7-18 Team Jim D / Ryan B

Location Name M477

Address 1511 E. 1st St. #100

Corrigo No. 1024240

Arrival 8:00 Departure 9:00

Device No.

Details

1E1331

check operation of Handrail Drive Rollers

1E1332

check operation of Handrail Drive Rollers

1E1333

check operation of Handrail Drive Rollers

Customer Signature

Next Level Service

Mechanic Signature

Jim D

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☒

Date 8-6-18 Team Jim D / Ryan B

Location Name M477

Address 1511 E. 1st St. #100

Corrigo No. 1024249

Arrival 8:00 Departure 9:00

Device No.

Details

1E1331

check operation of Handrail Drive Rollers

1E1332

check operation of Handrail Drive Rollers

1E1333

check operation of Handrail Drive Rollers

Customer Signature

Next Level Service

Mechanic Signature

Jim D

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☒

Date

8-6-13

Team

Tim / Ryan B

Location Name

M477

Address

301 Chambers St

Corrigo No.

1024237

Arrival

8:30

Departure

10:00

Device No.

Details

1E1320

check operation of handrail drive roller

1E1322

check operation of handrail drive roller

1E1323

check operation of handrail drive rollers

1E1324

check operation of handrail drive rollers

Customer Signature

Next Level Service

Mechanic Signature

Norman Deppa

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office

EXCEL ELEVATOR & ESCALATOR CORP.

WORK ORDER

Shutdown ☐ Repair ☐ Maintenance ☒

Date

8-1-13

Team

Jim D

Location Name

M477

Address

301 Chambers St

Corrigo No.

1024230

Arrival

8:30

Departure

2:30

Device No.

Details

1E1324

check operation of handrail drive roller

1E1325

check operation of handrail drive rollers

1E1326

check operation of handrail drive rollers

1E1327

check operation of handrail drive rollers

Customer Signature

Next Level Service

Mechanic Signature

Jim D

Customer Work Order No.

Canary-Mechanic
Pink-Customer
White-Office



Office of Safety and Youth Development
Lois Herrera, Chief Executive Officer

OSYDDATA@schools.nyc.gov
+718 935 5004 tel

52 Chambers Street
Room 218
New York, NY 10007

OCCURRENCE REPORT

DOE CONTROL NO. 02M475-091318-0013	NYPD CONTROL NO. none supplied
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ATS CODE 02M475	SCHOOL AND/OR PROGRAM NAME/NUMBER Stuyvesant High School stuyvesant HS			INCIDENT DATE & TIME 9/13/2018 3:35 PM	DURING SCHOOL HOURS? Yes
REPORT Original	BOROUGH Manhattan	SUPERINTENDENCY	GEOGRAPHICAL DISTRICT 2	IS THIS REPORT FOR INFORMATION ONLY:	

Occurrence Reported by: Brian Moran-AP

Occurrence Data Entered at: 9/14/2018 at 9:34 AM

Location of the Occurrence: Staircase - Floor 4-2 (Stairwell #escalator)

Category: G05

Contacts: NYPD was contacted at 3:40 PM on 9/13/2018
Superintendent was not contacted.

Bias Related: No

Description of the occurrence

There was an accident on the 4-2 escalator and students were injured.

Parental contact were successful.



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OCCURRENCE REPORT

DOE CONTROL NO. 02M475-091318-0013	NYPD CONTROL NO. none supplied
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Persons Involved

Victims



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52 Chambers Street
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OCCURRENCE REPORT

DOE CONTROL NO. 02M475-091318-0013	NYPD CONTROL NO. none supplied
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COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INJURED PERSON DATA

1. Last Name (of Injured Person)		First	
2. Name Prior to Marriage	3. Social Security #	4. File #	5. Student Identification #
6. Sex	7. Date of Birth	8. Home Telephone	
9. Home Address	City	State	Zip
10. Status Student			
11. Assignment Location 02M475		12. Geographic Location Staircase escalator	
13. Telephone Number (Where Injury Occurred)	14. Name of Supervisor Teacher (If Student Injured) contreras	15. Name of Site Supervisor/Principal contreras	
16. Date of Injury 09/13/2018	17. Time of Injury 03:35 PM	18. Total Years of Service	19. Grade Level

INJURY DESCRIPTION

20. General Activity Going to/from Class	21. Specific Activity Other	22. Injury Location Staircase
23. Causal Agent Other	24. Causal Person N/A	
25. Body Part(s) Injured		
26. Was Parent/Guardian Contacted? Yes		
27. Did Injured Person Refuse Medical Attention?		
28. Was First Aid Administered at School/Site?		
29. a. Was Injured Person Taken to a Hospital b. Was Injured Person Accompanied to the Hospital?		
30. Was an Ambulance Utilized?		
31. Name of Hospital		
32. Name of Nurse/Physician Used at School/Site		
33. Name of Attending Physician		

Injury Description



Office of Safety and Youth Development
Lois Herrera, Chief Executive Officer

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New York, NY 10007

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COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

34. Signature of Injured Person		Date
35. Name of Preparer (If Other than Injured Party)	Signature	Title
36. Signature of Site Supervisor/Principal		Date
	IF LODI	<input type="checkbox"/> Approved
		<input type="checkbox"/> Disapproved
37. Signature of Superintendent		Date
	IF LODI	<input type="checkbox"/> Approved
		<input type="checkbox"/> Disapproved



COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INJURED PERSON DATA

1. Last Name (of Injured Person)		First	
2. Name Prior to Marriage	3. Social Security #	4. File #	5. Student Identification #
6. Sex	7. Date of Birth	8. Home Telephone	
9. Home Address	City	State	Zip
10. Status Student			
11. Assignment Location 02M475		12. Geographic Location Staircase escalator	
13. Telephone Number (Where Injury Occurred)	14. Name of Supervisor Teacher (If Student Injured) contreras	15. Name of Site Supervisor/Principal contreras	
16. Date of Injury 09/13/2018	17. Time of Injury 03:35 PM	18. Total Years of Service	19. Grade Level

INJURY DESCRIPTION

20. General Activity Going to/from Class	21. Specific Activity Other	22. Injury Location Staircase
23. Causal Agent Other	24. Causal Person N/A	
25. Body Part(s) Injured		
26. Was Parent/Guardian Contacted? Yes		
27. Did Injured Person Refuse Medical Attention?		
28. Was First Aid Administered at School/Site?		
29. a. Was Injured Person Taken to a Hospital b. Was Injured Person Accompanied to the Hospital?		
30. Was an Ambulance Utilized?		
31. Name of Hospital		
32. Name of Nurse/Physician Used at School/Site		
33. Name of Attending Physician		

Injury Description



Office of Safety and Youth Development
Lois Herrera, Chief Executive Officer

52 Chambers Street
Room 218
New York, NY 10007

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COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

34. Signature of Injured Person		Date
35. Name of Preparer (If Other than Injured Party)	Signature	Title
36. Signature of Site Supervisor/Principal		Date
IF LODI		<input type="checkbox"/> Approved
		<input type="checkbox"/> Disapproved
37. Signature of Superintendent		Date
IF LODI		<input type="checkbox"/> Approved
		<input type="checkbox"/> Disapproved



COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

INJURED PERSON DATA

1. Last Name (of Injured Person)		First	
2. Name Prior to Marriage	3. Social Security #	4. File #	5. Student Identification #
6. Sex	7. Date of Birth	8. Home Telephone	
9. Home Address	City	State	Zip
10. Status Student			
11. Assignment Location 02M475		12. Geographic Location Staircase escalator	
13. Telephone Number (Where Injury Occurred)	14. Name of Supervisor Teacher (If Student Injured) contreras	15. Name of Site Supervisor/Principal contreras	
16. Date of Injury 09/13/2018	17. Time of Injury 03:35 PM	18. Total Years of Service	19. Grade Level

INJURY DESCRIPTION

20. General Activity Going to/from Class	21. Specific Activity Other	22. Injury Location Staircase
23. Causal Agent Other	24. Causal Person N/A	
25. Body Part(s) Injured		
26. Was Parent/Guardian Contacted? Yes		
27. Did Injured Person Refuse Medical Attention?		
28. Was First Aid Administered at School/Site?		
29. a. Was Injured Person Taken to a Hospital b. Was Injured Person Accompanied to the Hospital?		
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31. Name of Hospital		
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33. Name of Attending Physician		

Injury Description



Office of Safety and Youth Development
Lois Herrera, Chief Executive Officer

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+ 718 935 5004 tel

COMPREHENSIVE INJURY REPORT - Fact Sheet

DOE Control Number: 02M475-091318-0013

34. Signature of Injured Person			Date
35. Name of Preparer (If Other than Injured Party)	Signature	Title	Date
36. Signature of Site Supervisor/Principal	IF LODI	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date
37. Signature of Superintendent	IF LODI	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date



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CONFIDENTIAL REPORT
Data is most current available.



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